UNITED STATES DEPARTMENT OF AGRICULTURE
Extension Service, Division of Agricultural Economics
Washington 25, D. C.

HIGHLIGHTS OF EXTENSION EDUCATION 1950-51 IN RURAL HEALTH SERVICES

* * * * * * * *

* * * * * * * *

SCOPE AND STATUS

1. New and growing. Various extension programs help to improve the health of rural people. For example, good nutrition, sanitation, control of animal diseases affecting man, and 4-H health awards program. But it is only in the last 6 years that extension health education with particular emphasis on health services and conditions as a specialized program has become generally established.

It was stimulated by the need for supplying rural people with information about the new Hill-Burton Hospital Construction Program, which had been enacted by the Congress in 1945 to provide funds for helping States and local areas survey their health needs and construct hospitals and health centers. Another reason was to help meet health problems, as shortage of doctors, distance to hospitals, and desire for more information about cancer control and other diseases, which rural people were more and more expressing in county extension program planning meetings.

Today 26 State extension services have a person on their staff to carry or work in this new extension health education field, 16 of which had the program on a project basis in 1950-51, with a specialist either full-time or part-time in combination with some other projects or duties. These 16 States were: New York, Ohio, Indiana, Michigan, South Carolina, Georgia, Mississippi, Louisiana, Arkansas, Kansas, Iowa, Nebraska, North Dakota, Montana, Wyoming, and Puerto Rico. Among the States which did considerable work on this program through State extension health committees and other staff persons but not on a project basis were: West Virginia, Virginia, Wisconsin, Missouri, Texas, and Oregon. An extension specialist in rural health services was added to the federal staff in 1945.

By E. J. Niederfrank, extension specialist in community organization and sociology, United States Department of Agriculture, from State plans of work and annual reports and other information.

862(8-51)

2. It is not medical subject-matter, but home and community health information. The particular field of extension health education as a specialized project in 1950 was to stimulate interest in good health for these emergency times, help to get health information and programs to more rural people, provide health statistics, and help rural people study home and community health needs and plan how to obtain doctors, health facilities, and carry on other health-improving projects. It involves making health education an integral part of over-all extension work; thus, bringing to bear on family and community health problems all the resources of the Extension Service and other agencies.

Viewing the program in this light, the extension health education specialist assumes inevitably more or less three main roles. First, he is an "evangelist" for good health - he stimulates interest in it; secondly, he acts as a "middleman" for the exchange of information and assistance between rural people and the agencies and organizations who have it; and thirdly, he acts as a "catalyst" in helping to bring rural leaders together with extension resources and health agencies or other resources to help the people consider their health concerns and work out means for meeting them.

The program does not duplicate nutrition, veterinary medicine or other extension programs which relate to health, but it encourages and helps them to bring out the health objectives of their own subject-matter and to focus their programs on health as a major objective of the Extension Service. Neither does it provide technical medical information or give medical services in lieu of doctors or nurses, but it does help them to relate to rural health problems and organizations concerned with health, and teaches rural people about making use of available medical services.

3. Aid to rural people on Hill-Burton program an outstanding accomplishment. Interest in and plans for hospital construction under the Hill-Burton program reached a peak in 1950. A number of State extension services had done considerable with their respective State health departments and other agencies in helping rural people know about this program, analyze their needs, and initiate desired projects. Up to June 1951 about 900 projects for new general hospitals had been completed, started, or approved. About 72 percent of these are in towns of less than 5,000 population, 68 percent have less than 50 beds, and the vast majority are in areas of less than average income for the nation.

Outstanding progress in hospital construction and improvement under this program was made in the South, and several of the State extension services in this region deserve special credit for their part in this accomplishment. Through extension contacts with other agencies and extension meetings or programs of various kinds, the rural people in the South and across the nation became interested in their hospital needs and participated in campaigns to raise funds for hospital construction or improvement.

The first flush of enthusiasm for the program produced results in the most responsive communities. From now on it will take greater stimulation and effort to get more needed hospitals and health centers initiated.

4. Extension health education broadens with defense mobilization and other developments. Funds for the Hill-Burton program were reduced from $150 million to $75 million for 1950-51. This along with rising costs of construction, possibility of reduced medical personnel, building restrictions, and the interest of people in defense problems, all tended to retard completion of projects under the Hill-Burton program, discourage new applications for hospital construction, and further shift extension health education into a broader range of activities. Other legislation of most interest has been that proposing federal aid for the establishment of local public health units, and for aid to medical education for increasing the number of doctors, dentists, public health workers, and nurses. Legislation for national health insurance has been dormant while the Senate Committee on Labor and Public Welfare engaged Dr. Dean A. Clark to undertake scientific study of the subject, preparatory to writing new legislation which it is expected will appear in late 1951. Bills to aid school health programs have also been more or less dormant during the year while Congress was occupied with defense mobilization problems. Smaller appropriations for child care and various other health programs of the U. S. Public Health Service and other agencies were being recommended for the coming year.

The Korean situation immediately accented rural health situations and Civil Defense health problems. It increased the need for health education to help people keep well under conditions that would make it harder to keep well. Some of the conditions raised anew were shortages of doctors and nurses, less healthy diets due to changes in food supplies and costs, retardation in construction of health facilities, more accidents due to inexperienced workers and rush work, and mental stresses caused by disturbed family situations and other factors. There was the need to take special care to reduce illness, control epidemics, give prompt attention to symptoms, have regular physical check-ups, improve sanitation, and obtain widespread participation in cancer clinics, chest X-rays, polio precautions, and other special disease programs. Then there was the increased concern for Red Cross blood programs, first aid, and other Civil Defense health plans and information. Premium is put upon communities doing more about things for themselves, and more and more are doing so. Good health is basic to maximum defense production. This is accented by the fact that in 1948 - an ordinary year - farm operators themselves were off work 80,000,000 man-days on account of illness and 17,000,000 man-days on account of accidents. We cannot afford that loss in any year, let alone in emergency times like this.

There has been increased interest in and growth of voluntary county and community health councils during the year. Today there are about 700 councils of this kind serving rural communities, many of them started or aided by Extension workers. Public and private agencies also have been concerned with local health councils in one way or another and in varying degrees among the States. Extension health education has taken theposition that its primary

function in relation to health legislation, health councils, and other similar developments, is to help rural people understand the facts about them and take whatever action they deem best for their own situations. Such topics have been important parts of many county and community home demonstration programs and some farm groups during the past year. Many have undertaken home and community health-improving projects, including assistance with the formation of health councils.

Extension health education has also been interested in the increased momentum of the program of various organizations having to do with the special diseases, such as cancer, heart disease, and tuberculosis, and has endeavored to help these programs reach rural people. At the same time, 4-H was interested in giving increased emphasis to health - the 4th "H", and helping in this is a 4-H Health Committee of the Extension Sub-Committee on 4-H Club Work. 4-H health programs have moved away from the idea of giving awards based on the physical appearance and condition of the boy or girl, to an educational basis where awards are made according to improvement in personal health habits and participation in home and community health-improving projects.

Relationships of the Extension Service with professional medical societies, state departments of health, and private health organizations has been excellent. Much of this is the result of the work of the Committee on Rural Health of the American Medical Association, and the continued good status of the Extension Service with it. Then there was the support of the Farm Foundation, and the backing of the Land-Grant College Committee on Extension Organization and Policy for the conference on extension health education work at Memphis, as well as their other support for this work. The Midcentury White House Conference on Children and Youth, (December 1950), the conference on the Mobilization of Health, Physical Education and Recreation, (March 1951), and the extension conference on "Strengthening Homes In The Emergency", (April 1951), all raised anew the importance of good health to children and youth for their later success and happiness, and as a right in a democracy, as well as being a part of the total fitness for the emergency. These conferences also pointed up the responsibility of schools, churches, voluntary organizations and thepublic through governments to conduct health education for the benefit of the people and as a responsibility to the democratic way of life.

Farm organizations have continued their special interest in furthering voluntary health insurance plans especially for hospitalization, and have frequently sought the assistance of the Extension Service in their health work. Over 70 million people, about 40 percent of the population, are members of prepayment plans of one kind or another. Local cooperative hospitals and health associations have held their own. Public interest in the fluoridation of teeth and the development of community programs in it, have increased. The United States Public Health Service supplied personnel, published materials, and information for extension health education work. More rural health research than ever before was completed or underway by State experiment stations and private agencies, and this has benefited and will benefit extension health education programs, and rural health conditions in various ways for years to come. Still more researches in this field are needed.

All this was in the general setting of extension health education during the past year. There is greater interest in health than ever before. Extension health education has had a part in developing this interest and resultant programs. It is new but growing; it is adjusting to best serve defense mobilization and other conditions of the times. It must take part in capitalizing upon the increased interest and activity for health, to help bring about even greater health improvement next year and the years to come. Increased concern for the health of people in other parts of the world, as part of the great movement to build enduring peace through cooperative relationships and higher levels of living in the democratic way also came into the picture. Extension health education serves this end, too, by helping us to understand conditions, to appreciate what we have, and by sharing our healthoducation experiences with other peoples.

STATE PROGRAMS

In this section is a brief outline of the program content of extension health education as it is carried on in the States which provide it for their people. Included are examples of extent of activities, accomplishments, and new or special developments.

Fields of information and assistance.

Stimulate interest in good health and help expand health aspects of various extension programs:

(a) Helped extension staff develop appreciation for good health and of its place in the total extension program, so that more health education might be integrated into it.
(b) Gave talks at meetings and conferences; extension staff discussions; public press and radio.
(c) Provided information to planning groups, including experiences of other counties or States, statement of extension health objectives; and statistics about health conditions; fact sheets.
(d) Helped people analyze health needs and work out plans - home demonstration projects, community programs, 4-H health activities.
(e) Helped county extension services participate in general State and county health programs.

Assist with State and local health organizations - health councils and committees, building relationships between Extension and health agencies:

(a) Broughthealth agencies and groups together.
(b) Gave guidance to formation and functioning of county and community health councils, committees, or groups.
(c) Helped county extension services participate in health councils.
(d) Helped health councils and health committees or groups plans the carry on programs of activities.
(e) Established relationships between Extension, medical societies, public health departments, and other resources. Helped develop cooperative programs.

4-H health and safety improvement programs and activities:

(a) Prepared lesson and activity outlines; project guidesheets
(b) Developed 4-H health demonstrations
(c) Helped plan and provide health instruction at 4-H camps
(d) Judged 4-H records
(e) Taught special subjects such as home nursing, first aid, family-community relationships for mental health.

Promote and aid general public training programs:

(a) Spearheaded State and district health conferences.
(b) Had training workshops or meetings for leaders, teachers, PTA chairman, Grange lecturer.
(c) Held county extension leader training programs.
(d) Included health in Farm and Home Week Program.

Studies and Information:

(a) Helped communities plan and conduct health studies to identify their own health problems and desires.
(b) Supplied and interpreted research findings, vital statistics, and other health facts or data.

Assist with the promotion and instruction of sound health practices and general information, through cooperation with other agencies and extension programs:

(a) Disseminated health facts and promoted educational programs as provided by other health or medical services.
(b) Information about good nutrtion, sanitation, control of Brucellosis and other animal diseases, use of screens and insect control, home nursing, first aid, mental health and family life - with other specialists and agencies.
(c) Use of available health facilities and services.

Facilitate gettinggeneral community health programs to rural areas:

(a) Civil Defense health planning and information, Red Cross blood program.
(b) Aided special disease programs - cancer, heart, chest X-rays.
(c) Helped include lay people in health improving activities.
(d) Providedinformation about health pre-payment plans.
(e) Aided discussion of State and national health logislation and policies.

Channels through which extension health education works:

(a) State and county extension staff members, individually and conferences.
(b) Extension staff health and safety committees.
(c) Extension program planning groups.

(d) Home demonstration and 4-H councils.
(e) State and local interagency health councils and committees.
(f) State and local public health departments.
(g) Special disease organizations and programs - cancer, heart, T. B.
(h) Farm organizations; citizen groups, churches and schools.

Examples of activities and accomplishments describe the work. In Arkansas, family health practices were discussed in home demonstration leader training meetings and health demonstrations were devised for 4-H clubs. Personal and family health practices were given attention by these methods in more than half the States of the country. Arizona held a 3-day school on cancer detection attended by 150 women leaders from over the State. Puerto Rico had 3-day home nursing courses; also leader-training meetings and demonstrations on mother and child care, eating habits home sanitation, injections for intestinal parasites, and blood tests. Thirteen (13) county home demonstration councils in Georgia were assisted in planning health-improvement activities for local clubs to conduct in their home communities. Here also over 7000 families were aided with providing safe-water, and 17,000 families, with fly and mosquito control projects. In Kansas, about 13,000 rural families adopted practices taught to prevent common diseases, 11,000 adopted the practice of immunization of children, and every 4-H club in the State carried on some kind of health-improvement project. Mississippi has increased medical facilities by 22 new county health centers and 40 small general hospitals, many of them constructed under the Hill-Burton program. The health education specialist taught health improvement at training meetings for home demonstration agents and local leaders in 34 counties, and extension agents helped the Chest X-Ray program get to rural people in 70 counties. Nebraska has 10 new hospitals constructed or underway, and Wyoming has 7 - all in rural towns.

County health councils or committees were aided in numerous States. Today about 600 county or community health councils are found in various rural sections of the United States - in all regions. The new Negro county health council in Bolivar County, Mississippi, gave main leadership to the establishment of a new county public health center, to setting health education meetings in all home demonstration clubs, new sanitary facilities and pure water wells in the public schools, a reduction of 85 percent in Venereal Disease, and participation of all neighborhoods in polio and chest X-ray programs. Many county health councils have been instrumental in getting doctors for rural areas. The Montana extension health education program included emphasis on helping town and country people work together on home and community health-improvement projects.

Studies or surveys of family health practices and community health resources were made in New York, Ohio, Indiana, Michigan, West Virginia, and Mississippi, with the assistance of people locally. Farm and community health lessons are taught or programs aided in New York, Michigan, Indiana, Missouri, Nebraska, Kansas, Nevada, Oregon, and some other States. One State and 8 district citizen health conferences were held in New York under leadership of the Extension Service in cooperation with farm organizations, civic groups, and medical associations. County health institutes were held in 23 counties in Nebraska. In numerous States, health is now included as a major topic in agricultural college Farm and Home Week programs. Several States are doing considerable work on health studies, and on projects in a few selected counties

as pilot experiments. For example, Ohio has set up 10, Oregon 6, Mississippi 3. South Carolina has started 4-H health improvement clubs, and health-improvement demonstrations were given by local leaders in every home demonstration club of the State; 80 home demonstration agents and 1200 local leaders attended health training meetings set up by the Extension Service. Numerous States publish health bulletins and guidesheets, such as Mississippi's "The Road To Health for 4-H Members," and South Carolina's "Your Family's Health."

Cooperation with various agencies is a common method. For example, in Oregon, the Extension Service worked on health education projects with the Oregon State Board of Health, State Department of Education, Oregon Medical Society, Blue Cross Hospitalization Plan, Oregon State Farm Bureau, Oregon State Grange, Farmers' Union, county health associations and departments of health, county health councils, and the county health committee set up in county extension planning. In Virginia much leadership and assistance for rural health improvement has been given by the Extension Service through participation in the Virginia Council on Health and Medical Care, which was instrumental in obtaining increased appropriations for State health programs, the State hospital plan, construction of several rural hospitals, enlargement of sanitariums, and the development of county public health departments.

Health was made a major program of home demonstration work in Wisconsin, and suggestions for county and local home demonstration group programs were sent to all counties. Local home demonstration groups fostered physical check-ups, immunization, school lunch program, sanitation, chest X-ray and other tests, Brucellosis control, quality milk, home safety, home medical practices, eating for health, study of pre-payment plans, and other activities. Here and in many other States health aspects are brought out and woven into various extension programs.

Below are the numbers of families and counties, in round figures, which were assisted in connection with various phases of health improvement during the year 1950-51, according to the Combined Annual Report of County Extension Workers.

Subject	Number	Counties
Prevention of colds and other common diseases . . .	390,000	1500
Immunization and other preventive measures for common diseases	490,000	1515
First aid and home nursing	210,000	1450
Removing fire and accident hazards	725,000	2200
Screening or other methods of controlling insects.	510,000	1900
Installing sanitary closets or outhouses	28,000	1000
Installing sewage systems	45,000	2400
Installing water systems	52,000	2350

Subject	Number	Counties
Number of nutrition and health clinics organized this year through efforts of extension workers . . .	2,700	560
Communities assisted in building rest rooms	549	230
Number 4-H members receiving definite training in health	742,000	2300
Number 4-H members completing projects in health home nursing, and first aid, not including nutrition . .	197,000	1000

Some new and special developments

Health subcommittees of county extension planning committees, also in home demonstration and 4-H councils.

Health fact sheets to county extension agents giving outline of programs, health facts, and what counties are doing, for use of agents with county program planning and in county extension news letters or other publicity. (Mississippi)

State and county cancer institutes. (Arizona, Kentucky)

Health resources laboratory. (Missouri)

Health officer, as one of officers in 4-H clubs. (Iowa)

Workshop on health in annual extension agents' camp. (Mississippi)

4-H health and food habit guidesheets. (South Carolina)

Extension active in State health councils and rural health committees of State medical socieities.

Safety survey. (Nebraska)

District public health units. (North Dakota)

Statement of State extension health objectives and policies (New York, Wisconsin)

Joint with State Department of Health. (Mississippi, Indiana)

Pilot counties - (Ohio, Oregon, Mississippi)

Monthly news letters and topic material for health chairman of Home Demonstration Clubs. (South Carolina)

Large State extension health committee, including staff persons from counties, State supervision, 4-H, rural sociology specialists, in health-related programs, nutrition, agricultural engineering, dairy sanitation, veterinary. (Iowa)

Health goals for homemakers. (Wisconsin)

Coordinate home demonstration health work with work of county health department. For one thing, use county nurse in leader-training(Wisconsin)

County 4-H agents meets with public health worker, school nurse, and doctors to plan 4-H physical check-up program and other health activities-content and decide on who will help. (Wright County, Iowa)

"Readiness for school" health project (Rock County, Wisconsin)

District meetings between county extension staffs and State department of health nurses. (Minnesota)

Balanced school health program. (Ackerman, Mississippi)

Extension health-nutrition specialist and State department of health educator team up on many activities. (Wyoming)

State public health association with paid membdrships. (Nebraska)

New circular "Foes After Forty" (Nebraska)

Separate annual report on extension health education by person assigned to it even though work not on a project basis. (Wisconsin)

One State project was temporarily vacant in 1950 - Georgia, and 1 State was added to that list - Iowa, leaving a total of 16 States with extension health education projects and specialist full or part-time. Georgia continued its excellent work even without a specialist in the field, as have several other States without projects. Programs continued in South Carolina and Nebraska while specialists for study. Oregon and New Hampshire have added health to project work for 1951-52.

ROLE AND ACTIVITIES OF FEDERAL OFFICE

The role of extension health education work in the federal office is to national bodies and State extension services much like the role of the State extension services with other State agencies and the county extension services. It is a role of indirect leadership, general training, and consultation service or assistance. Its major activities center around helping the States develop their health education programs, keep abreast of proposed health legislation and new programs, assist with the development of health policies and programs, keep in touch with health research and educational developments of concern to rural health education, and maintain relations and render service to national agencies and meetings in the interests of health education and rural health improvement.

Service from the federal office was curtailed during the past year by the long illness and death of Miss Elin T. Anderson, who had been the federal extension health education specialist since 1945. The work was continued in a limited way through combination with other programs. During the first

part of 1950 Miss Anderson had visited 7 States, and since then I have visited extension health education projects in Mississippi, Iowa, and Wisconsin.

During the first part of the year Miss Anderson had participated in several national gatherings on matters of rural health and taught in the Western regional extension summer school (Colorado). I participated in the American Public Health Association at St. Louis and was on the program of the Conference for Health Council Work at the same time. A mimeograph leaflet "What Makes A Health Council Tick?", summarizing a program session at this conference was prepared and distributed to State extension services and other agencies. Other meetings assisted were the Midcentury White House Conference on Children and Youth, the Extension Conference on Family Life, special meetings of the National Health Council, and the Mobilization Conference on Health, Physical Education and Recreation sponsored by the United States Office of Education and The AAHRER.

The conference on extension health education at Memphis this February, following the national conference on rural health sponsored by the American Medical Association, was helpful and attended by extension persons from 17 States. The federal office gave general guidance to this conference and prepared the summary report. It gives a good deal of what extension health education work is, and was distributed to the State extension services and other agencies. Excellent cooperation was had with the American Medical Association on this conference, especially that of Aubrey D. Gates, field director of their Rural Health Committee, through his work in the Committee on Extension Organization and Policy, and his direct assistance in the conference. Special assistance was also given to the national home demonstration conference "Strengthening Homes for the Emergency", and it was good to see the subject of health included in its program and in the various sections of its report to the State.

The circular "Protecting Rural Children Through Sodium Fluoride Programs," written in cooperation with the United States Public Health Service, was published in 1950 and distributed to all State extension services and other health agencies. Additional copies were requested by public health people in a number of States. Reprint copies of Miss Anderson's article "Health Services Build Better Health," which appeared in the Journal of Home Economics, October 1950, were also obtained and distributed to the States.

Health items and materials were included in quarterly circular letters to State specialists. These items called attention to new information and to what various States were doing. During the year 12 items on rural health were carried by the Director's Weekly Letter. Material was also prepared and presented for the 3-day field trip to Washington of public health students from the University of North Carolina. Help was given to the Extension health committee of the American Home Economics Association for its annual meeting in Cleveland, June 1951, including a report on "Principal Pending Health Legislation," and it was published by them for distribution. Then there have been the incidental committee functions and innumerable individual contacts when rural health information was presented.

During most of the last 12 months the extension health education work in the federal office has been handled by one specialist, along with the projects in community organization and sociology and in recreation. Thus, each of these three fields has had the equivalent of about 1/3 man-time. The three fields are more or less related and some activities contribute to two or all three fields at the same time. This is especially true of community organization and health studies, which are main aspects of extension health education work.

The program also received much assistance from Helen L. Johnston, United States Public Health Service, from Miss Florence Hall, field agents in the federal office, and from others. Without their assistance, the service from the federal office would have been even more limited.

A LOOK AHEAD

What's in store for extension health education tomorrow? Progress to date has stimulated interest for even greater development of this kind of program in Cooperative Extension Work. So have the conditions of the times. Rural people are more interested than ever in wanting to have community health facilities and services, along with other conditions, equal to those available to people in the cities. The fact that good health is basic to maximum defense production and to survival in Civil Defense, as well as basic to our democratic way of life, make this increased interest in health of rural people even more important.

The future will see new research findings, new relationships between town and country people, new relationships between groups concerned with health, new or changes in health legislation and public policies, changes in population and community life, and changes in the defense situation which will affect health in one way or another. All this, in turn, means new immediate concerns and new developments for program content, for teaching methods, for health practices, for community programs, and for organization for programs. Rural people will want more than ever to be accurately informed.

Great strides have been made in scientific development for good health. Most children's diseases have been pretty well conquered. Maternal health is better than ever. Diseases of adulthood and old age loom important and will become more so because of the steadily increasing numbers of older persons in the population. But even here, too, tremendous scientific gains have been made for controlling such diseases. Life expectancy in the United States is higher than ever - nearly 70 years. However, the raveges of illness and disease still take too high a toll. Thousands of families are not able to obtain adequate medical attention, or do not care to do so. Many people do not follow known good health practices, either because of attitude or lack of information. Still, only about one-fourth of the 4-H club members of the country receive definite training or participate in health improvement activities. Only little on human health is taught in agricultural extension programs.

The great challenge is to get more of the information known about health improvement to more of the people who need it.

Some points of emphasis and needs for the future are:

1. To bring out the health aspects of various extension programs already going on, such as nutrition, control of animal diseases affecting man, sanitation, recreation, and community improvement. Much can be accomplished toward health improvement, when it is a point of central focus. In many instances health is a major factor or need for the betterment of rural living, which, after all, is the underlying objective of Cooperative Extension Work.

2. To get health improvement into the regular extension program planning processes, including agriculture, home economics, and 4-H work, and in such a way that it can come out of the planning processes as a result of the thinking together of the people and extension leaders.

3. To further build and use working relationships between extension staffs and other health agencies and personnel out in the counties or field territory. The more that each is acquainted with the others and planning together, the more is likely to be achieved.

4. We also need more research information about how to effectively obtain health improvement among rural people. For example, how to motivate people and effectively teach health improvement, how to effectively organize or adapt organization to different community conditions, principles of health council operation, family health and medical costs, availability and use of health resources, family and community health conditions and practices with analysis of why they are as they are, and evaluation of accomplishments.

Gratifying progress is being made along all these lines. Every health educator needs to be an analyst as well as a teacher. Writeups of successful experiences or demonstrations, and dissemination of health facts, are effective, practicable methods. Sizable, active State extension health committees are proving to be especially helpful.

Good health is a basic need of mankind - important to every parent, every youth, every person, every group. It must be a family concern, and of every family. It is an ultimate factor in building World Order. It must be a goal of democracy. It has to be obtained by democratic ways.